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CONFIRMATION NO. 7210

<b>SERIAL NUMBER</b> 10/566,525	<b>FILING OR 371(c) DATE</b> 06/19/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> 39568
<b>APPLICANTS</b> Giovanni Mogna, Novara, ITALY; Mario Del Piano, Novara, ITALY; Gian Paolo Strozzi, Novara, ITALY; Lorenzo Morelli, Piacenza, ITALY;				
<b>** CONTINUING DATA *****</b> <i>SP</i> This application is a 371 of PCT/IB04/02446 07/30/2004				
<b>** FOREIGN APPLICATIONS *****</b> <i>W</i> ITALY MI2003A001594 08/01/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/02/2007				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b>				
116				
<b>TITLE</b>				
Process for the selective withdrawal of bacterial strains adhering to intestinal mucosa through endoscopy				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	